

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044117

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** I.C.E. BEAUTY SCHOOL AND SPA TRAINING CENTER, INC.

**Current Principal Place of Business:**

280 S STATE RD 434  
SUITE 2045  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1135 BRANTLEY ESTATES DR  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 71-0877409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, DAVID S ESQUIRE  
5728 MAJOR BLVD, STE 550  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OSBORNE, DONNA J  
Address: 1135 BRANTLEY ESTATES DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: OSBORNE, JAMES S  
Address: 19455 HOAG CT  
City-St-Zip: MUNDELIN, IL 60060

Title: D ( ) Delete  
Name: OSBORNE DECHENE, MICHELLE L  
Address: 14230 BLAINE  
City-St-Zip: POSEN, IL 60469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: OSBORNE DECHENE, MICHELLE L  
Address: 1135 BRANTLEY ESTATES DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA J OSBORNE

MS

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date